

# Care UK Community Partnerships Ltd

## Whitby Dene

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Whitby Dene is a care home for up to 60 older people. Some people may be living with the experience of dementia. Accommodation is provided over two floors. The service is provided by Care UK Community Partnerships Ltd, part of Care UK, a national organisation providing health and social care. At the time of our inspection there were 58 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 1 October 2015 we rated the service Good.

At this inspection on the 31 October 2017 the service remained Good. We rated the key question of Responsive as outstanding. We have rated the key questions of Safe, Effective, Caring and Well-Led as Good.

People received a personalised service. Their care needs were met, but more than this they were supported to make choices about how they lived their lives. The registered manager told us they promoted an ethos where "anything is possible". They had created a wishing tree, an interactive feature where people could physically post their wishes and dreams. The staff worked hard to make these come true, however unusual they were. As a result people had experienced life changing activities, such as learning to fly an aeroplane. For people who were unable to make individual requests, the staff worked closely with others who knew them well to understand their hopes and dreams. They supported people in a way that they hoped every day would be meaningful for them. For example, supporting a retired priest to continue to provide mass to others.

There was a close partnership with other organisations within the local community. The provider recognised the debilitating effects of loneliness for many older people. They had worked with other care homes to start a pen pal initiative where people had a friend living in another care home who they wrote to, invited for events and meals and visited. The provider had also made links with local schools where they were helping to educate young people about dementia with the hope that they would become 'dementia friends' (part of an initiative to support people living with the experience of dementia through befriending and better understanding). Older people living within the community were invited for meals and respite stays to help alleviate some of their anxieties about needing care in the future.

The provider supported the staff to develop their skills and competencies. The registered manager had created staff development programmes where staff wanting to work toward a promotion were given the opportunity to shadow senior staff and complete a competency framework in order to prepare them for this role.

People were able to contribute their ideas and felt listened to and valued. They were happy living at the service. They told us the staff were kind, caring and friendly. We observed a positive and happy atmosphere at the home. The staff all spoke about their enjoyment of their work and told us they felt supported. People looked happy and the staff regularly interacted with and engaged with people, making sure that when people spent time on their own this was through choice and not for another reason. Each day at 3pm all of the staff stopped any other non-essential work they were doing to sit with people and share a cup of tea and have a chat. There were fun and diverse organised group activities which were popular. People were involved in planning their own care, as were their relatives and other representatives. Each month, or more often if needed, all aspects of people's experience living at the home were reviewed and they were able to contribute their ideas and preferences.

The staff had created meaningful life history books with the help of the people who lived at the service and their families. These included information about things which were important to the person and photographs of special events and people in their lives. The staff knew where to find these books for each person and demonstrated a good knowledge about different people's personalities and interests as well as their current care needs.

People were safely cared for. The staff had assessed risks to people's wellbeing and taken action to minimise these risks. The provider had selected falls champions amongst the staff team who had attended local authority events to learn about falls prevention. These staff had created posters for the other staff and were supporting them through training sessions at the service. People received their medicines in a safe way and as prescribed. The staff had a good knowledge of local authority safeguarding procedures and these were followed.

There were enough staff to keep people safe and meet their needs. The provider recruited staff in a way which was designed to make sure they were suitable. The staff had access to a range of training which met their needs and helped them to understand their roles and responsibilities.

People were asked to consent to their care and treatment. The provider acted within the principles of the Mental Capacity Act 2005 and had carried out appropriate assessments of people's capacity to make decisions. The staff had a good understanding about this. The staff worked with other healthcare professionals to make sure people's healthcare needs were being met. People enjoyed the food at the home and were able to make choices about what they ate and drank.

The provider carried out regular checks and audits of the service designed to mitigate risks, identify areas for development and to make improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

People felt they were being cared for in a safe environment.

There were procedures designed to protect people from the risk of abuse.

The risks to people's safety and wellbeing had been assessed and planned for.

People received their medicines in a safe way and as prescribed.

There were enough staff to keep people safe and meet their needs.

The recruitment procedures were designed to check staff suitability.

### Is the service effective?

Good ●

The service remains Good.

People were cared for by well trained, supported and supervised staff.

The provider was acting within the principles of the Mental Capacity Act 2005.

The environment was suitably designed and decorated to meet people's needs.

People's nutrition and hydration needs were being met.

The staff worked with other professionals to meet people's healthcare needs.

### Is the service caring?

Good ●

The service remains Good.

People were cared for by polite, friendly and kind members of staff.

People's privacy and dignity were respected.

People's religious and cultural needs were respected.

### Is the service responsive?

Outstanding 

The service was exceptionally responsive

People were cared for and supported in an exceptionally person centred way which took account of their individual preferences and wishes.

The provider valued the importance for people being part of a local community and promoted strong links which benefited people living at the service and other local older people who may be isolated.

The staff worked with people and their families to make sure their individual interests and personality were an integral part of how they were being cared for and supported.

### Is the service well-led?

Good 

The service was well-led.

There was a positive culture where people using the service and staff felt empowered to share their ideas. These were listened to and acted upon and both people living at the service and the staff were given opportunities to try new things.

The service was one that was continuously improving and developing. The registered manager was receptive to new ideas and worked closely with other community organisations to share ideas and good practice.

The provider had systems which ensured that the quality of the service and risks were identified monitored and improvements were made.

# Whitby Dene

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 31 October 2017 and was unannounced. This was a comprehensive inspection. The inspection team consisted to two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all the information we had about the provider. This included notifications of significant events and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR) on 8 September 2017. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with 10 people who were living at the service and seven visiting relatives or friends. We observed how people were being cared for and supported.

We met and spoke with the staff on duty who included the registered manager, deputy manager, unit leaders, team leaders, senior care assistants, care assistants, catering staff and activity coordinators. We also met and spoke with the provider's regional director who visited the service during the day of the visit.

We looked at the care records for eight people who used the service, the staff training records, the recruitment and support records for six members of staff and at other records the provider used for managing the service which included records of complaints, satisfaction surveys, quality audits and meeting minutes. We examined how medicines were being managed which included looking at the storage, record keeping and administration of records. We looked at the environment and equipment being used.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe living there. We observed that the staff followed safe working practices. The building was secure and visitors were only allowed entry by reception staff. The staff wore name badges to identify themselves. The staff wore appropriate personal protective equipment, such as aprons and gloves, and disposed of these after use. People who needed assistance to move or walk around the building were supported appropriately with safe equipment, which had been regularly serviced and checked.

The building was generally clean and well maintained. We saw cleaning staff working throughout the day. We identified an unpleasant odour in one part of the building and reported this to the registered manager. They investigated the cause of this, and the day after our inspection, they contacted us to tell us that cleaning staff had eradicated the odour. They also told us that more regular checks and use of odour eliminating cleaning products had been implemented following our inspection visit.

The provider had suitable procedures for safeguarding people and protecting them from abuse. There was information about these and how to report abuse available for people living at the service, visitors and staff. The staff had received regular training about safeguarding adults. They were able to describe to us the action they would take if they suspected abuse. The staff had responded appropriately to allegations of abuse. They had worked with the local safeguarding authority and other agencies to investigate abuse and to put in place protection plans to keep people safe thereafter.

People lived in a safely maintained environment. The provider carried out checks on the environment and equipment and these were recorded. We saw that action had been taken where problems had been identified. Call bells were accessible for people and they told us that these were answered promptly when used. The staff had assessed the risks in relation to people who did not have the capacity or were physically not able to use call bells. There were regular checks to make sure these people were safe. There was an appropriate fire risk assessment and procedures in the event of a fire. There were individual personal evacuation plans for each person and information for the staff on how to respond in event of a fire or other emergency situations.

The risks each person was exposed to had been assessed. These included risks associated with their physical or mental health, risks of choking, use of equipment and nutritional risks. These assessments included information about how to keep people safe and minimise these risks. They were reviewed each month and following changes, such as someone becoming ill or having a fall. In addition, the provider had assessed risks for different activities people wanted to take part in. The registered manager told us they did not want to restrict people from potentially risky activities, if they could find a way to support them. These assessments were designed to offer people support to enable them to take risks in a safe way. For example, when using the community or accessing activities outside of the home. There was evidence the staff had worked with other professionals to make sure they had considered different options to keep people safe.

People received their medicines as prescribed and in a safe way. People told us that they were happy with

the support they received with their medicines. We observed staff administering medicines. They did this appropriately. We saw that the staff had received regular training regarding administration of medicines and had their competency in this area regularly assessed. These assessments were recorded.

Medicines were stored securely and appropriately. The staff carried out checks on medicine storage temperatures and cleanliness. We saw that all medicines were appropriately labelled. People's care plans included clear information about their medicines. These included what these were for and any possible side effects. There were protocols for the administration of PRN (as required) medicines which described the circumstances when these would be needed and the procedures for the staff to follow in event of the use of these. The staff used a nationally recognised tool to assess people's pain levels and when pain relief might be needed if they were unable to tell the staff when they were in pain. We saw that the staff recorded the use of PRN medicines and pain relieving medicines clearly.

Records of medicines administration were appropriately maintained, accurate and up to date. There was clear information to show the reason any medicines had not been administered. There were systems for the receipt and disposal of medicines. Information within the medicines storage areas included guidance about commonly prescribed medicines and health conditions.

Some people had their medicines administered covertly (without their knowledge) some of the time. This decision had been assessed by a multidisciplinary team and with the person's representatives to ensure this was in their best interest. The assessments and decisions had been recorded and were regularly reviewed.

People told us they felt there were enough staff. We observed that people did not have to wait for care and were supported as and when they needed. The staff did not rush people when caring for them. There were a high proportion of senior staff on duty and the registered manager told us this was always the case. The senior staff spent time supervising other staff, caring for people and they were available to watch how people were being cared for by the other staff. The staff told us they felt staffing levels were adequate. The provider regularly reassessed the staffing levels to make sure they reflected people's needs.

The provider had procedures designed to ensure that only suitable staff were recruited. These included inviting them for an interview at the service and carrying out pre-employment checks. Among the checks requested, the provider asked for details of a full employment history, references from previous employers, proofs of staff members' identity and eligibility to work in the United Kingdom and checks from the Disclosure and Barring Service regarding any criminal records.

## Is the service effective?

### Our findings

People were cared for by staff who were well trained and supported. The training was organised in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. New members of staff were able to describe their induction into the service, which included two weeks of shadowing experienced members of staff, completing competency work books and attending a range of training courses. The staff completed some training via online courses and attended some face to face sessions. The registered manager monitored compliance with online training twice a week and told us that staff undertook refresher training as required with the compliance rate at the time of the inspection being 94% of staff having completed all their required training.

The registered manager told us that they organised additional training as required. They said that they had identified a need for staff to have information around Parkinson's Disease and this had been organised with the local healthcare teams. The staff were also supported to undertake vocational qualifications. The registered manager told us that bi-annual appraisals with all staff were used to discuss individual training needs.

The staff told us that training was useful and they were able to explain some of the information they had learnt during training sessions and how this impacted on their work.

The staff had regular individual and team meetings with their line manager to discuss their work, including annual appraisals. We saw records of these and saw that the staff were given opportunities to discuss their career progression and aspects of the work they found challenging.

There were good systems for the staff to share information with each other. The staff we spoke with and observed demonstrated a good knowledge of people's individual needs as well as their roles and responsibilities.

People told us that they were asked for their consent when the staff supported them and offered them care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were.

The staff had assessed people's capacity to make decisions about different aspects of their care. These assessments were clearly recorded. There was information about how to support people to understand different decisions. There was evidence that people's representatives had been consulted when making decisions in their best interest. The provider had applied for DoLS authorisations as needed and had a record to show when authorisations needed to be renewed. The staff demonstrated a clear understanding of the Mental Capacity Act 2005 and were able to describe their responsibilities.

The environment had been suitably designed to meet people's needs. People had personalised their bedrooms with their own belongings. The communal rooms and corridors had interactive features designed to provide stimulation and interest. For example, some rooms contained a range of toys, games and equipment from the past, for example old radios, a post box and tea sets. There were different featured areas along the corridors such as a gardening area, posters of music and movie stars from the past and information about the London underground. There were a number of different communal rooms. However, we noted that during the inspection the staff supported the majority of people to spend time in one communal room only on each floor. We discussed this with the registered manager. They told us that they were in the process of redecorating some of the communal rooms and following completion of this they would ensure people were offered opportunities to spend time in different rooms. Following the inspection visit, they also told us that as a result of our observations they had discussed where activities were provided with the staff and recommended that the staff use a variety of different rooms to encourage people to access these. There was appropriate signage to help people identify bathrooms and toilets. Menus were on display and included pictures as well as written information.

People's nutrition and hydration needs were being met. They told us that they liked the food and were able to make choices about what they ate. Information about these needs was recorded clearly in individual care plans and this information was shared with the catering staff. The staff weighed people regularly and had assessed nutrition and hydration risks each month. People who were considered at risk had been referred to, or were under the care of, relevant healthcare professionals. The staff recorded how much people ate and drank where there was an identified risk. We spoke with the staff about the action they took when people were not eating or drinking the required amount and saw evidence that people were referred to their GP if there were any concerns.

During the inspection we saw that people had access to cold drinks throughout the day, both in their bedrooms and in the communal areas. The staff regularly offered both hot and cold drinks to people. People were given choices about what they wanted to eat at mealtimes. The staff showed them the different food options so they could make an informed choice.

The kitchen staff had a good knowledge of individual dietary requirements. They told us that they spent time with people who used the service discussing their food preferences and needs. They visited people during and after meals and attended monthly meetings with people. The catering staff had a good knowledge of supporting people requiring texture modified diets because of the risk of choking. They showed us how they presented pureed and soft food to make it look attractive and appetising by using moulds which shaped the pureed food to look like a normal meal.

People told us that they were able to see their doctor and other healthcare professionals when they needed. Their healthcare needs were assessed and recorded within care plans. The staff regularly reviewed and updated these. Daily care notes showed that the staff monitored people's health and wellbeing. There was evidence of regular consultation with GPs and other healthcare professionals. Advice and guidance from these professionals had been included in care plans.

## Is the service caring?

### Our findings

People who lived at the service and their relatives told us that the staff were kind, caring and polite. They told us that they had good relationships with the staff who were friendly. Some of their comments included, "The staff are always bright and happy", "We get on very well" and "They are all lovely." A card received by the registered manager from a relative shortly before our inspection said that they wanted to thank the staff for the "excellent care" their relative had received.

Some people told us that the staff did not always knock when entering bedrooms, or they knocked on the door and then came in without waiting for an answer. We discussed this with the registered manager. Following our visit they contacted us to tell us they had organised a staff meeting with all the staff to discuss this and they had arranged for small group supervision sessions to take place the following week to discuss this further. During our inspection we observed that staff knocked and waited for a response before entering people's rooms.

Our observations of the interactions between the staff and people who used the service were that they were positive, kind and respectful. The staff approached people in a friendly and calm manner. We saw the staff offering people reassurance and comfort when they became unhappy or distressed. People appeared relaxed and comfortable at the service and when they were with the staff.

The staff cared for people in a way which respected their privacy and dignity. For example, making sure people's clothes were adjusted appropriately when they supported them to move using a hoist. People were dressed in clean clothes and had received support to wash, style their hair and for the men to shave. Personal care was delivered in bedrooms or bathrooms behind closed doors.

People's religious needs were recorded in their care plans. The staff told us that they had people of a number of different faiths and religions and that they were supported to celebrate as a group and individually.

People were supported to be independent where they were able. For example, care plans described if people could undertake care tasks for themselves and how much they could do. The care records created by staff indicated that people were able to do as much for themselves as they wished.

The registered manager had organised an event they called, "Tea at three." This was an allocated time at 3pm each day when the staff stopped all non-essential work to sit with people who used the service and share a cup of tea and chat. The staff explained that this ensured that they had an opportunity to find out how people were feeling and talk about different subjects no matter how busy the rest of the day had been.

## Is the service responsive?

### Our findings

People told us that they were involved in planning their care and that they were able to make choices about how the staff cared for them. They said that their needs were being met.

The staff had created care plans which were regularly reviewed and updated. These were personalised and included information about people's preferences and how they wanted their needs met. The provider had a system of "resident of the day." People were the 'resident of the day' once a month and their care needs were reviewed at this time. The provider had written to the person and their representatives letting them know in advance when these reviews would take place. Representatives were invited to contribute. The review included speaking with the person and reviewing their needs in all areas. The chef, activities coordinator, care staff and domestic staff all met with the person to discuss their specific needs in different areas. These discussions were recorded and care plans had been updated accordingly.

The registered manager told us that they wanted to create an ethos where people felt that anything was possible and that moving into a care home should not stop people from living the lives they wanted or achieving their ambitions. They said, "When you move into a care home you should not stop what you want to do or have to conform to the care home." The staff spoke enthusiastically about this and how the work they were doing had started to transform people's lives.

The service offered an original and person centred approach in helping people achieve personal wishes. The registered manager had created a "wish tree" where people were able to post a wish or dream they had. The staff had made every effort to help fulfil these wishes, with the result that people had taken part in a variety of memorable events designed specifically for them. The wish tree had branches where people could place a leaf describing their wish. For people who were unable to do this the staff or other representatives helped people to think about what would be meaningful and make a difference in their lives. The registered manager told us they wanted to ensure that everyone had an opportunity for a special wish. We spoke with some of the people who had taken part in special activities and we saw photographs and videos of other events.

Some of the special events which had taken place as a result of the wish tree included a person who had remembered flying a plane in their youth and who had been part of the Royal Air Force. The person had told the staff that they wished they could fly an aeroplane again. The provider had organised for the person to have a flying lesson where they had taken control of the plane. The person said of this, "I will never forget that day, I feel like I am living in a dream." In another example, a person had been a professional badminton player when they were younger. Since they had become physically less able they had not wanted to engage in physiotherapy or any other exercise. However, they had expressed a wish to play badminton again. The provider had located the person's old badminton partner and had arranged for them to meet up and play badminton with each other again. Their relative told us, "[My relative] had a big smile, I never thought [my relative] would play again." Other examples included a person who wanted to go fishing, a person wanting a day at a favourite childhood seaside resort and a person wanted to go on rides at a theme park. The provider had arranged for them to do these things and had displayed photographs of them enjoying these events.

The registered manager told us about the plans they were making at the time of the inspection for other people's wishes they had placed on the wish tree. One person who lived at the home had been married for 60 years. They had told the registered manager that they had always regretted that their wedding had been a small event. The staff were in the process of organising a white wedding for the person and their spouse to have a second ceremony at the home, where people would be dressed for the occasion and there would be special guests and food. They planned for the service to be led by another person who lived at the home who was a retired priest. The registered manager was organising for another person who was an ex-head of a school to revisit their school and take part in an activity with the children there. The registered manager told us that as part of this they had tracked down the person's deputy head who would join them for the activity.

In addition to these special events, the staff offered a personalised service for people in their everyday lives. They had worked with people, their families and others to create personalised life story books which included information about the things that were important to the person. The books were kept in people's bedrooms and the staff used these to engage with people and to get to know them. The staff demonstrated an in-depth knowledge of people's personalities and individual needs. For example, one person had been a priest. They had been anxious when they moved to the service and found settling there difficult. The registered manager, who was not a catholic, had chosen to attend a number of catholic mass services and meet with church leaders so that they could develop an understanding about what being a priest entailed. Following this, the staff supported this person to offer mass, blessings, prayers and sing for others each day, helping alleviate some of their feelings of anxiety. We saw the staff supporting the person to do this during the day of our inspection. The person was living with the experience of dementia and we saw that they became anxious at various times. The staff reassured them. We saw that the person became less anxious when supported to perform their religious duties.

In other examples, the staff had created maintenance club specifically for people who had enjoyed handy work in the past. The club involved people painting, refurbishing and upcycling furniture which was then used in the home. The life stories had identified that a group of people enjoyed and missed baking. The staff had started a baking club for these people. The registered manager told us that this was part of a wider initiative at the service to focus on people's abilities and to keep them active with things they enjoyed doing. We saw photographs of people enjoying baking and sharing the food they had made. They said that the staff were continuing to develop new groups and ideas and this was an area where further work was taking place linked closely to the information the staff were gaining from the life histories. People using the service and their relatives told us that being involved with these activities helped to keep their minds and bodies active, meaning that they were happier and healthier.

The provider employed activity coordinators who organised and facilitated group activities and events. On the day of our inspection they had organised a Halloween party which included themed food and a visit from an entertainer who brought bugs and creepy crawlies for people to handle and look at if they wanted. The staff had decorated the service in the Halloween theme and some staff had dressed up for the event. There were photographs of other special events. Recent events had included a music festival where a number of different acts had provided entertainment throughout the day in different parts of the home. The service was holding a fire work party the weekend following our visit to celebrate the 5th November.

The activities coordinators organised other events each day which included quizzes, games, craft activities and discussion groups. Other staff, including care workers, joined in with activity provision. During our inspection we saw the staff leading these activities with groups of people. The staff supported everyone to engage and be part of the activity if they wanted. The staff explained that they offered individual support for people who did not want to join in with group activities, and we saw examples of this.

People told us that their birthdays were celebrated and they were made to feel special. One relative told us, "It was [my relative's] birthday and the staff held a party for the family and friends. They provided everything, all the food and I did not have to do anything."

The relatives of people told us that they were asked for their views to contribute to care plans. They said that they felt appropriately involved and well informed about changes for their relative or at the service. They said that they were welcome to visit any time and could share a meal with their relative if they wished. The registered manager told us, "This is the residents' home. They can invite whoever they like whenever they like."

The provider recognised and valued the part the service played in the local community. Older people living independently within the community were invited to events at the service. They had advertised about the service they could offer people in the community in local GPs, pharmacists and through charities. People thinking about moving into care in the future but feeling anxious about this were invited for meals at the service, and short stays if they wanted to. Some people had also been supported to become pen pals with people living in other care homes. They had started writing to each other and had since met, invited them for meals and events and visited them in their homes. The registered manager discussed how important it was for older people to stay physically and mentally active and the initiatives at the service promoted this, helping people to feel part of a wider community and try new things. Young people taking part in a national scheme supporting them to be good citizens visited the home on a regular basis to share activities with people and talk with them. The provider was working with local schools to involve them in regular visits at the service.

The provider held monthly meetings for people who lived at the service, and additional meetings for their relatives and representatives. We saw that people had an opportunity to discuss the service and any requests they had. The chef and activities coordinators attended the meetings and listened to people's ideas. One person told us, "The monthly meeting is very good, that is where we can put in requests."

There was an appropriate complaints procedure, which was on display and had been shared with people using the service and their representatives. People told us they knew who to speak with if they had a complaint and they felt their concerns were acted on. The provider had a record of complaints and how these had been investigated and responded to. There was evidence that the provider had taken appropriate action and made changes when needed as a result of complaints.

# Is the service well-led?

## Our findings

Feedback we received during the inspection told us that people knew who the registered manager was and felt able to speak with them if they needed. They thought the service was well run. One person told us, "The manager and staff are very responsive and listen to me. I am involved in decision making." They spoke about some of the positive changes which had taken place, which included adopting a more person centred approach. The staff also felt the service was well run.

Feedback on an independent nationally recognised care home review site included 13 reviews given in 2017. The reviews were all positive with 12 people stating they were 'extremely likely' to recommend the home to others. The site had recorded an average rating of 4.5 out of 5 from all the reviews they had received.

Some of the comments on this review site made in 2017 included, "Management are always approachable and helpful", "Every single member of staff has been extremely kind and compassionate, treating [my relative] with respect and dignity. This includes managers, carers, ancillary staff and cooks. Their kindness was also extended to [the family] and is very much appreciated", "From the start, the staff care and attention was clear. They were all focused friendly and compassionate to the care [person] needed. ...The manager was supportive and his office for problems has an "open door" policy", "I wholeheartedly recommend the Whitby Dene Residential Care Home...for anyone looking to place an elderly relative into a care facility, you will find nothing finer" and "I was very impressed with the patience and interaction the staff had with the residents."

One person had written that the registered manager had installed bird feeders outside their relative's window following a request for this. They had commented, "The improvement in [person's] mood and evident enjoyment from watching birds visit the feeders has been very noticeable and really improved [their] quality of life. A small thing that has made a big difference."

The provider had received positive feedback from people who had visited the service and the staff via social media, letters and emails. We viewed some of this feedback. One member of staff commented, "We listen more to our residents and do our best to achieve their dreams and ambitions." One visitor had written about their relative who had moved to the home, "[Relative] is happier now than I have seen her look in a long time." Other comments from visitors included the statement, "The staff at Whitby Dene are helpful, friendly and extremely caring" and "Such a wonderful place and always put the residents first."

The provider made use of social media to connect with stakeholders who were interested in the service and some of the positive feedback they had received had been via this. The provider had invited the local MP to visit the service for a tea party. The registered manager reported that people using the service had enjoyed this event.

At the time of the inspection the registered manager had been in post at the service for one year. They had previously worked in other care homes and this was their first post as a manager of a service.

The service was starting to develop as a role model for other services, by introducing initiatives that used creative ways to enable people who used the service to express their views. This included the "wish tree", the project where people could make requests for a specific activity or event. The staff were starting to help people to create life stories. The registered manager also created their own life history book using photographs and personal experiences to demonstrate how information should be presented and the kind of information needed to make these meaningful. They left their life story book in the home's foyer for staff and visitors to view and to help give them ideas about creating these for the people who lived at the service.

There was an emphasis on striving to continually improve. The regional director who was visiting the service told us they were proud of the work of the registered manager and staff at the service. They said that the culture at the home had changed over the last few months and was extremely positive. They said that they often spent time at the service during different times of the day and evening. They spoke about observations they had made when the staff did not know they were there which included the staff initiating ball games and other activities in the evening after dinner for people who wanted this and staff respectfully responding to a person who lived at the home giving them a religious blessing, even though they did not follow the religion themselves.

Staff were supported to feel valued and respected by the registered manager and provider. The staff team had recently celebrated 300 years of collective service. One member of staff told us, "I feel very supported, this is a real community and all the staff are part of it." The registered manager had introduced an initiative to help develop staff who wanted to work toward promotion. They had created a competency framework and different objectives for each of the senior roles within the home. Staff who had told the registered manager that they wanted an opportunity for promotion were able to join a scheme where they shadowed senior staff and completed the competency framework. Some staff were undertaking this scheme at the time of our inspection. Following successful completion of this scheme the staff were offered a bank (as required) contract in that role until a full time vacancy became available for them. This scheme helped to celebrate the skills and individual achievements of staff and give them an opportunity to progress their careers. The registered manager had shared this idea with other care home managers within the organisation who were thinking of adopting this approach.

The registered manager told us that they recognised that some staff did not want to work in more senior roles so they had helped the staff to identify how they could pursue developments in their roles. They told us that two members of staff had requested that they be trained as manual handling assessors and this had been organised. These staff now trained and assessed other staff in the service. One member of staff had expressed an interest in mentoring new staff. They were supported to learn about mentoring and were given this role in the home and were actively involved in the induction of new staff.

These schemes and initiatives introduced by the registered manager were based on their own ideas and feedback from people using the service, visitors and staff. The staff had regular appraisals, took part in an annual survey of their experiences and took part in meetings. The registered manager told us that where a member of staff identified a personal need or an idea for the home they tried to support them with this. For example, two members of staff had requested to learn more about falls. They had been supported to attend the local authority training and workshops about this and had been assigned as falls champions at the service. They had created a poster for the others staff about preventing falls and the registered manager was supporting them to develop a training pack for other staff. The registered manager explained that some of the staff had been offered additional bank (as required) contracts in areas of their interest but not connected with their roles. For example, one senior member of staff had an additional role as a receptionist and another senior member of staff, along with the chef, had a role as activity coordinator. This meant that they could be offered overtime in these roles and pursue their other interests whilst gaining knowledge of

other aspects of the service.

All staff we spoke with told us that there was an 'open door' policy at the home and an open and inclusive culture. The staff reported that there were regular staff meetings at which issues could be raised and concerns discussed and that there was good two way communication between staff and management. During the inspection one member of staff told us that they would like opportunities for more 'experience' training about dementia. We discuss this with the registered manager. Following our inspection visit the registered manager contacted us to tell us that they were working with the service's dementia champion (a member of staff with additional training and knowledge in this area) to organise some training for all the staff which they felt would enhance their knowledge and understanding around this topic.

The staff, registered manager and provider carried out a range of different audits. These included daily and weekly checks by the staff on safety and medicines managements, monthly analysis of accidents, incidents, weight changes, injuries, wounds, medicines errors and hospital admissions by the manager and audits of medicines management and care plans. The regional director visited regularly and worked closely with the registered manager. The provider's quality assurance team carried out quarterly audits based on the key questions used by CQC. An audit earlier in 2017 identified a number of concerns. The registered manager responded to these and made the necessary improvements inviting the quality team to return to the service to view these. The most recent audit in August 2017 found that all areas of concern had been met. The service's internal audits and those by the quality team included clear action plans where any areas for improvement were identified. We saw that the provider had addressed these.

People who used the service and visitors took part in regular meetings and completed annual satisfaction surveys. In addition the registered manager told us they were in the process of hiring a 'relatives' champion" whose primary role would be liaising with relatives of people when they moved to the service to ensure they were settling well and had a single point of contact to discuss their relative's needs. The service produced a quarterly newsletter and displayed information for people and their relatives. There was also a social media page where they shared information.

Records at the service were appropriately maintained, clear and up to date.

The service played an important part in the local community developing links and leading on projects designed to support others not just the people who lived at the service. The registered manager was part of a dementia network looking to promote dementia awareness and improve support for people living with dementia in the community and at the service.. As part of this they were spending time at schools educating young people about dementia in the hope that some of these young people would become 'dementia friends' offering their own support to others. The registered manager was also working with a charity providing flying lessons to people with disabilities. Following the support of one of the people who lived at the home to access a flying lesson the registered manager had started to liaise with the charity to look at how they could support others in the future.

Other community initiatives included working with a national learning disability charity to invite people who they supported to events at the service. The registered manager reported that this had been well received by both people living at the service and the visitors. Senior members of staff had taken part in an Alzheimer's memory walk in order to raise awareness and money for a charity helping people with this condition. The service had also been worked in partnership with Worcester university as part of a scheme to promote person centred leadership for services caring for people with dementia.